

Background

The Administration for Children and Families provides funding for the Personal Responsibility Education Program (PREP). The goal of PREP is to prepare teens for adulthood by offering programs with proven positive outcomes in counties with high teen birth rates.

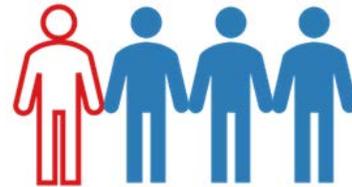
The Facts—Mental Health and Young People in Wisconsin

What do we know about the mental health of young people in Wisconsin? Because it is often hard to talk about mental health issues, awareness is the first step to making positive change. The data from the 2017 Youth Risk Behavior Survey indicate that distress, suicidal ideation, and suicide attempts are all concerns for youth in Wisconsin.¹

Young People Grades 9–12, 2017

40%

reported feeling very anxious, nervous, tense, scared, or like something bad was going to happen in the last year.



27% felt **sad or hopeless** almost every day for two or more weeks in a row in the last year.

16% of students **seriously considered** suicide in the previous year.

8%

of all youth **attempted** suicide at least once in the last year.

Wisconsin's youth suicide rate is **higher** than the national suicide rate.²

20%

of LGBT students attempted suicide.

For more detailed information, see the Department of Public Instruction's [YRBS Special Topic on Suicide and Help Seeking](#).

Mental Health Among Adolescents in Wisconsin

In Mental Health America's "Ranking the States," Wisconsin was 44th in the nation for youth mental health. Wisconsin youth experience higher rates of mental health issues but have lower access to care than youth in most other states.³ To increase access, Governor Walker invested \$6.5 million to improve and expand mental health programs in schools as part of the 2017–19 Biennial Budget.



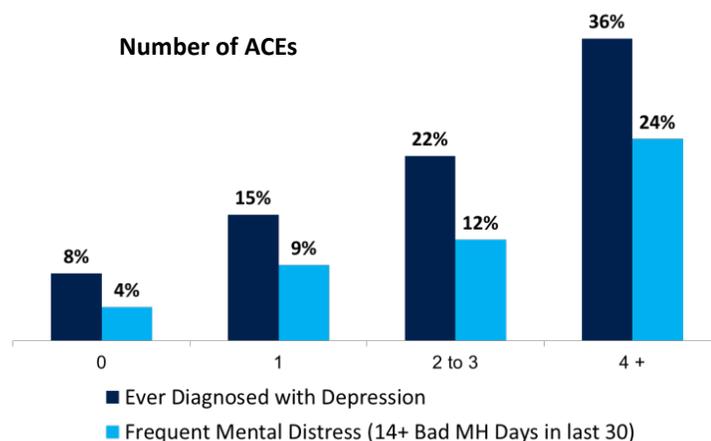
Mental Health and Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are negative occurrences in the first 18 years of life, as measured in adulthood. ACEs include physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, substance misuse within household, household mental illness, parental separation or divorce, and an incarcerated household member.⁴

Spotlight on Brain Changes

Toxic stress from ACEs changes the developing brain in crucial places such as the prefrontal cortex, the amygdala, and the hippocampus. These brain changes can explain certain mental health challenges and behaviors. For example, changes to the amygdala, which regulates emotions, can result in increased anxiety and proneness to fear.⁵

Almost half of Wisconsin's children have experienced at least one ACE and approximately one in nine children has experienced three or more ACEs.⁶



Findings from the 2011-2015 Wisconsin Behavioral Risk Factor Survey.⁷

Study findings reveal that the higher the number of ACEs, the higher the intensity of negative health and well-being outcomes.⁴

Mental Health Among Adolescents in Wisconsin

Understanding ACEs can help shift programs and services to become trauma-informed and prepared to recognize and respond to it in a constructive way.

ACEs are not destiny. Instead, ACEs are preventable and modifiable. Children can thrive with support. All youth, including youth with a high number (4+) of ACEs, can be supported by factors that increase **resilience**, or the capacity to adapt to or recover quickly from difficulties.



79% of Wisconsin adolescents have an adult with whom they can discuss serious problems.⁸ Having a stable and committed relationship with an adult is the most important factor in developing resilience.⁹

Harvard University's Center on the Developing Child suggests these other ways to promote resilience:⁹

- Help youth build a sense of self-efficacy.
- Provide opportunities to strengthen adaptive skills and self-regulation.
- Support and generate sources of hope, faith, and cultural traditions.

For further resources, see DHS's [SHIFT Your Perspective Trauma-Informed Care initiative](#).¹⁰

Example: Juvenile Arrest in Wisconsin

One of the Wisconsin Office of Children's Mental Health's 48 child well-being indicators is juvenile arrest. Juvenile arrest rates are a measure of long-term negative outcomes for high-risk youth. In 2014, Wisconsin's juvenile arrest rate was 109 per 1,000 adolescents, or 11%, the **highest in the nation**.¹¹

11% Wisconsin's juvenile arrest rate in 2014.

Using a trauma-informed perspective can help in understanding and preventing this negative outcome.¹²



98% of youth in corrections have at least one ACE.⁵

50–70%

of youth involved in the justice system experience mental illness.¹²

The impact of an arrest itself can lead to, or exacerbate, mental illness.¹³

Crisis Intervention Team (CIT) programs in Wisconsin provide training for law enforcement on how to better respond to people experiencing a mental health crisis. Since 2004, hundreds of officers have attended trainings, and many communities have formed local CIT programs.¹⁴ National Alliance on Mental Illness Wisconsin collaborates with communities to extend the program throughout the state.

Promoting Mental Health and Preventing Suicide

Mental health plays an important role in the overall health of adolescents. Professionals can promote mental health. Here's how:

- Attend an evidence-based training on suicide prevention or mental health first aid.
- Create opportunities for youth to foster resilience.
- Build supportive relationships with youth. A stable and committed relationship with a supportive adult is the most important factor in building youth resilience.
- Join local efforts around mental health promotion and suicide prevention.
- Connect young people to resources and be a supportive listener. One great resource for anyone who needs support is Wisconsin's HOPELINE. Text HOPELINE to 741741.

Spotlight on WISE: Ending Stigma and Promoting Help-Seeking

WISE is a statewide coalition of organizations and individuals promoting inclusion and support for all affected by mental illness by advancing evidence-based practices for stigma reduction efforts. Two key initiatives are:

- ["Honest, Open, Proud: To Eliminate the Stigma of Mental Illness"](#) is a workbook to help adults and young people learn about sharing their stories to become mental health advocates.
- The [Safe Person Initiative](#) offers a symbol that can be displayed to let young people know that an adult is a willing listener. The Safe Person Decal 7 Promises help adults understand the supportive listening process.

[Evidence on suicide prevention](#) suggests there are risk factors that make an individual more likely to attempt suicide, as well as protective factors, conditions, or attributes that reduce risk. These factors are present on the individual, relationship, community, and societal levels. Initiatives to prevent suicide and promote mental health may target one or several of these levels, aiming to increase protective factors and reduce risk factors. [Page 30 of The Burden of Suicide in Wisconsin](#) illustrates these factors. Targeting high-risk populations with appropriate strategies and programs is the number one recommendation for preventing suicide.¹⁵ [Wisconsin's Suicide Prevention Strategy](#) recognizes that everyone has a role in suicide prevention.¹⁶

Spotlight on Local Health Departments

Many local health departments are involved in efforts to:

- Facilitate evidence-based suicide prevention trainings.
- Restrict means by distributing gun locks and establishing or promoting prescription drop boxes.
- Work with health systems to use suicide prevention techniques.
- Work with local school districts to understand and reduce youth suicides, suicidal thoughts, and suicidal actions.

While distress, suicidal ideation, and suicidal behavior are all concerns, there is hope and positive momentum for promoting mental health among young people in Wisconsin.

- ¹ Wisconsin Department of Public Instruction. Wisconsin Youth Risk Behavior Survey. Retrieved from <https://dpi.wi.gov/sspw/yrbbs>.
 - ² Centers for Disease Control and Prevention. Fatal injury reports, 1999-2014, for national, regional, and states. Retrieved from <https://www.cdc.gov/injury/wisqars>.
 - ³ Ranking the states. (2016, October 17). Retrieved March 10, 2017, from <http://www.mentalhealthamerica.net/issues/ranking-states>.
 - ⁴ Centers for Disease Control and Prevention. (2016, June 14). About the CDC-Kaiser ACE study. Retrieved March 8, 2017, from <https://www.cdc.gov/violenceprevention/acestudy/about.html>.
 - ⁵ Center for Youth Wellness. An unhealthy dose of stress. Retrieved from <http://www.centerforyouthwellness.org/>.
 - ⁶ Wisconsin Office of Children's Mental Health. OCMH data. Retrieved March 16, 2017, from <https://children.wi.gov/Pages/Improve/Data.aspx>.
 - ⁷ Centers for Disease Control and Prevention. BRFSS Prevalence and Trends Data. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/index.html>.
 - ⁸ Healthy People 2020. HP2020 objective search, adolescent health. Retrieved March 15, 2017, from <https://www.healthypeople.gov/2020/data-search/>.
 - ⁹ Center on the Developing Child, Harvard University. Resilience. Retrieved March 15, 2017, from <http://developingchild.harvard.edu/science/key-concepts/resilience/>.
 - ¹⁰ Wisconsin Department of Health Services. (2017, January 30). Trauma-Informed Care. Retrieved April 11, 2017, from <https://www.dhs.wisconsin.gov/tic/index.htm>.
 - ¹¹ Office of Children's Mental Health. Juvenile arrests. Retrieved March 13, 2017, from <https://children.wi.gov/Documents/Indicators/neg-arrest.pdf>.
 - ¹² Substance Abuse and Mental Health Services Administration. Criminal and juvenile justice. Retrieved from <https://www.samhsa.gov/criminal-juvenile-justice>.
 - ¹³ Lambie, I., and Randell, I. (2013). The impact of incarceration on juvenile offenders. *Clinical Psychology Review*, 33(3), 448-459.
 - ¹⁴ NAMI Wisconsin. Crisis Intervention Team (CIT) training in Wisconsin. Retrieved April 11, 2017, from <http://www.citwisconsin.org/cit-general-information/>.
 - ¹⁵ Wisconsin Department of Health Services, Injury Research Center at the Medical College of Wisconsin, and Mental Health America of Wisconsin. (2014). *The burden of suicide in Wisconsin 2007-2011*.
 - ¹⁶ Wisconsin Department of Health Services. (2015). *Wisconsin Suicide Prevention Strategy*.
- Figure 1: USDHHS (2012). Adapted from: Dahlberg LL, Krug EG. *Violence-A global health problem*. In: Krug E.G., Dahlberg L.L., Mercy J.A., Zwi A.B., Lozano R., eds. (2002). *World report on violence and health*. Geneva: World Health Organization.

